

**** THIS TESTIMONY IS EMBARGOED ****
*****UNTIL THURSDAY, JUNE 16, 2011 AT 9:00 A.M.*****



**US House of Representatives, Ways and Means Committee
Human Resources Subcommittee Testimony
Improving Programs Designed to Protect At-Risk Youth
June 16, 2011**

INTRODUCTION

Chairman Davis and Members of the Subcommittee, I am Tracy Wareing, executive director of the American Public Human Services Association (APHSA). Thank you for the opportunity to testify today.

APHSA is a nonprofit organization, established in 1930, which represents appointed state health and human service agency commissioners and their key state program administrators. Our membership includes the nation's top government human services executives from each of the states, the territories and the District of Columbia, as well as hundreds of human service directors at the county level. To serve such a constituency, we are a bipartisan organization, whose ideas and direction come from the open exchange and deliberation of our members. Our mission is to pursue excellence in health and human services by supporting our state and local agencies, informing policymakers such as this Committee, and working with our partners to drive innovative, integrated and efficient solutions in policy and practice.

APHSA houses nine affiliate organizations, whose members administer program-level operations and policies for each state. These include the National Association of Public Child Welfare Administrators and the Association of Administrators of the Interstate Compact on the Placement of Children. I speak on behalf of them as well.

APHSA understands the growing needs of our country's most vulnerable populations and are pleased to provide our shared national vision for the Promoting Safe and Stable Families (PSSF) and Child Welfare Services (CWS) programs. This morning, I would like to talk with you about three major issues: (1) the importance of prevention of child maltreatment and support of community-based services for children and families at risk or in crisis; (2) the accountability of public agencies to be good stewards of public funds and to manage performance, self-correct,

**** THIS TESTIMONY IS EMBARGOED ****

*****UNTIL THURSDAY, JUNE 16, 2011 AT 9:00 A.M.*****

innovate and enhance their ability to achieve positive outcomes; and (3) specific examples of how state and local agencies are supporting children and families through the PSSF program. As Congress considers reauthorization of PSSF and the CWS, we hope what is paramount to the discussion is the need to effectively leverage federal dollars to prevent abuse and neglect as well as support the safe reduction of children in out-of-home placement.

PREVENTION

PSSF is one of the few federal funding streams that is targeted toward supporting prevention of out-of-home placement. The primary principles of PSSF are to prevent the unnecessary separation of children from their birth families, improve the quality of care and services for children and families in need and ensure permanency for children by either reunifying them with their families of origin or, when that is not possible, make arrangements for a permanent placement. Subpart 2 of Title IV-B was designed to support states in promoting community-based family support, family preservation, time-limited family reunification and adoption promotion and support. PSSF has played a critical role in helping states alleviate situations that might otherwise lead to children being placed in foster care due to abuse or neglect.

In 2006, states reported PSSF funding as the single largest source of funding for preventive services – covering nearly 30 percent of children receiving preventive services nationwide. Of the \$410 million appropriated in 2006 for the PSSF program an estimated 60 percent, or roughly \$250 million, went for preventive services such as family support and family preservation.

The overall allocation of Title IV-E funds compared with Title IV-B funds is about ten dollars of out-of-home care funding (entitlement) for each dollar of in-home funding (capped). While addressing comprehensive finance reform, we recommend increasing support for preventive and supportive services and directing federal resources toward front-end services to improve the outcomes of children and their families. These interventions continue to safely reduce out-of-home placements and lower incidences of abuse and neglect.

Today, there are more than 400,000 children in the United States that currently reside in some form of out-of-home placement. Although this number is still high, states have successfully reduced the number of children in foster care by more than 20 percent over the past five years. In that same time period, the national repeat maltreatment rate also declined. PSSF and the CWS programs have helped states achieve this success by making funds available to support prevention programs and safely exiting children from foster care to permanency. If these programs did not exist, the number of children in foster care would be significantly higher and child maltreatment rates would likely soar.

**** THIS TESTIMONY IS EMBARGOED ****

*****UNTIL THURSDAY, JUNE 16, 2011 AT 9:00 A.M.*****

We also appreciate the substance abuse and methamphetamine grants made available to states. In these current economic times, we have seen a rising trend in the amount of families that come to the attention of the public child welfare system because of substance abuse issues. These grants have been helping states to offer an array of services to address the specific needs of these families and use a range of strategies to prevent and treat substance abuse in families. As Congress considers reauthorizing PSSF and CWS, we want to acknowledge the importance of these grants and urge Congress to continue these programs.

The Impact of PSSF

In FY 2009, states reported to the National Child Abuse and Neglect Data System that they provided prevention services to more than 3 million children. States have been using PSSF dollars to provide voluntary, preventive services to help families nurture their children at home. There are numerous ways to approach the delivery of services that prevent at-risk children and families from having contact with the public child welfare system. Two of the most notable initiatives serving the multiple needs of children and families are home visitation and differential response. Home visitation has been used by many states to connect families in need with nurses, early childhood professionals and well-trained paraprofessionals to educate them about healthy parenting. Research on the Nurse Family Partnership site in Elmira, NY found that children in nurse-visited homes had fewer admissions to the emergency room for injuries and ingestions than children who were not participating in these visits.

Differential response provides an alternative approach to respond to cases of alleged maltreatment rather than using the required standard procedure of most child protection agencies. To date, approximately 14 states have passed legislation allowing the use of differential or alternative response. Minnesota was one of the first states to implement this approach and evaluations of its model have shown a lower recurrence of abuse and neglect and a cost savings in the child welfare system. Measurements of short-term outcomes indicated a 28% increase in medical and dental care; an 83% increase in positive parenting; a 67% increase in family functioning; a 50% increase in child safety; and a 33% decrease in abuse and neglect factors.

Currently, these programs are being funded through a patchwork of federal funding streams and state and local dollars. Unfortunately, the bulk of federal funding for child welfare is directed toward out-of-home care and not for prevention; hence, there is an urgent need for comprehensive child welfare finance reform. PSSF has been a tremendous value to public child welfare programs. States have been able to leverage their prevention dollars to support prevention programs and finance the services that have been proven to keep kids out of the system. However, the problem still exists – we do not have the flexibility to use the majority of federal dollars to support prevention.

**** THIS TESTIMONY IS EMBARGOED ****

*****UNTIL THURSDAY, JUNE 16, 2011 AT 9:00 A.M.*****
ACCOUNTABILITY

While our members support the need for flexibility to deliver an array of services that are responsive to presenting needs, they also understand the role of the federal government in ensuring federal dollars are spent wisely and correctly, and that outcomes are met. The policies Congress and the administration have set in the last two decades focusing on increased accountability have moved state and local agencies to develop internal processes to set benchmarks, enhance performance, and measure progress toward improved outcomes.

While our members continuously improve their internal processes, they have also worked with APHSA, NAPCWA, and other partners to develop practical recommendations on streamlining federal accountability measures under Title IV-B and IV-E and offering better ways to review, monitor and hold public child welfare systems accountable for their practices. Our recommendations to the Administration work to maximize federal, state and local resources, reduce redundancies and improve state and local decision-making based on accurate data.

State and local agencies' continuous improvement efforts highlight the need to allocate resources in a more strategic manner: based on data, state demographics, and progress toward meeting federal outcome mandates. The four categories of spending outlined in the PSSF (the 20% rule) are too rigid. As Congress considers reauthorization of PSSF, amendments should reflect state's ability to use funds to targeted areas for improvements, which may not equate to the same allocation across the four current service categories.

Providing services to ensure the safety and protection of children from abuse and neglect is child welfare's main responsibility, but not theirs alone. The continuum of care intersects agencies, programs, and oftentimes funding streams. The approach to a sound federal accountability system should reflect these same tenets; the intersection of sound methodologies to monitor and measure all programs across the continuum that are responsible for achieving better outcomes. This is our vision, shared by our members, and reflected in the safe reduction in out-of-home placements and the decrease in maltreatment and repeat maltreatment rates.

One accountability area we were asked to address is caseworker visits. APHSA members are committed to the best practice of timely and effective caseworker visits and agree they are important to ensuring safety and facilitating reunification and permanency. The states' performance in this area has continuously improved since 2006 (in some cases by over 200%) when The Child and Family Services Improvement Act of 2006 provided \$95 million in mandatory funding for states to strengthen and improve the frequency and quality of these visits. Texas used these funds to alleviate barriers associated with documentation of caseworker visits; for example, purchasing tablet technology and dictation tools. Resources were also used to

**** THIS TESTIMONY IS EMBARGOED ****

*****UNTIL THURSDAY, JUNE 16, 2011 AT 9:00 A.M.*****

provide training for supervisors and management on the critical nature of contact, and to encourage ways to better engage families in safety decisions and permanency efforts. All of these efforts contributed to Texas' improved practice.

While the improvement in caseworker visits is important to note, our members are concerned that the current methodology for calculating the visits is problematic and creates a false impression about states' performance. The current methodology requires a child to be visited each and every month during the year. If the caseworker misses one month in the year due to legitimate unexpected circumstances (e.g. poor weather conditions, activities the child may be engaged in, or complications with the foster families' schedules), but sees that the child for the other 11 months, the entire case is disallowed and ultimately impacts the final results for the state.

If, however, the calculation is changed to be a cumulative measure where 90% of the time the child is in care the child is visited monthly, the picture would be quite different. For instance, Texas, using the ACF-approved sampling methodology, achieved a 50% increase in the level of improvement from 54% of children seen in face-to-face visits each and every month in FFY2007 to 81% in FFY2010. If there was a cumulative measure methodology, Texas would have been at 94% for FFY2010 and 93.7% so far in FFY2011 for all children. The change in calculation more realistically reflects the diligent efforts made by casework staff.

We recommend Congress change the current caseworker visit methodology as outlined above or by monitoring improvement in the CFSR process as we have recommended to the Administration.

HOW STATES HAVE USED PSSF DOLLARS FOR THE CONTINUUM OF CARE

Children and families face an array of challenges, including poverty, substandard housing, substance abuse, domestic violence and mental health issues. The current economic times have exacerbated these issues and have made child welfare services a critical resource in at-risk communities. These families are touched by many different agencies in addition to child welfare. Therefore, a full spectrum of services should be available before, during and after care to ensure the success of children and families and offer a continuum of care. I now want to showcase some of the great work being done across the country using Title IV-B PSSF funds.

In Washington, Early Family Support Services are provided to families where there is no finding of child abuse or neglect but the family was found to be in need of services. Nurse practitioners provide direct services to young mothers prior to any involvement in CPS. Over 800 families were served in the program in ways that prevented their children from entering foster care.

**** THIS TESTIMONY IS EMBARGOED ****

*****UNTIL THURSDAY, JUNE 16, 2011 AT 9:00 A.M.*****

Minnesota's Family Group Decision Making (FGDM) continues to provide service planning and placement prevention strategies. It has been found to be effective in assessing the fundamental needs of children and families. In 2007, some 1,683 family group decision making conferences were held. A total of 863 FGDM conferences had the goal of reunification for the child and 820 conferences had the goal of family support/family preservation.

The evaluation of Chicago's Child-Parent Centers was part of a quasi-experimental evaluation that addressed maltreatment directly. The study found that children in the program, which provides care to children from disadvantaged neighborhoods during the two years before kindergarten, had only half as many court petitions related to maltreatment as did children in similar neighborhoods that did not have the program.

Georgia's PSSF Family Support Network showed improved maltreatment outcomes for at-risk families. In 2007, 90% of the at-risk families had no substantiated reports of maltreatment during or post service provision. The number of children with repeat incidents of abuse also decreased in Georgia:

- 3,405 families received PSSF Family Preservation services in FY 2007.
- 600 of those families had prior substantiated CPS case histories.
- 80% of those children remained safely in the home with no repeat incidence.

In Wisconsin, during 2007, over 33,717 children and 25,003 families received PSSF preservation, support, or reunification services from county agencies. Based on reports that compare actual outcomes with desired outcomes for the children and families served with this funding, counties typically met or exceeded their outcome goals.

Healthy Families New York (HFNY) is a community-based prevention program that seeks to improve the health and well-being of children at risk for abuse and neglect through the provision of intensive home visitation services. New York leveraged federal IV-B funds, state dollars, and philanthropic support to fund this initiative. HFNY mothers reported engaging in fewer incidents of very serious physical abuse, minor physical aggression, psychological aggression, and harsh parenting when their children were at Age 1. Compared with their counterparts in the control group, HFNY mothers reported committing only one-quarter as many acts of serious physical abuse against their children at Age 2, and first-time mothers under age 19 who were offered HFNY early in pregnancy were markedly less likely to report engaging in minor physical aggression (51% vs. 70%) and harsh parenting (41% vs. 62%).

**** THIS TESTIMONY IS EMBARGOED ****

*****UNTIL THURSDAY, JUNE 16, 2011 AT 9:00 A.M.*****

CONCLUSION

We appreciate the Committee addressing the reauthorization of these vital programs and hearing the concerns of states. The congressional intent in creating these programs was due to the heightened concern of the large number of children in foster care and the need to make safety and permanence a priority. We share this concern and appreciate the leadership of the committee to gather input about what is working in states. To that end, we support the reauthorization of the PSSF and CWS programs and urge Congress to preserve federal dollars that support prevention and make the necessary amendments to the statute to effectively address the needs of our nation's most vulnerable children.

Lastly, I would be remised if I did not mention the House's proposal to defund the Social Services Block Grant (SSBG). Aside from PSSF, SSBG is the second-largest funding source supporting prevention services on national level. Roughly one-fifth of the \$1.7 billion in SSBG funding in FY2006 (or about \$340 million) was devoted to prevention. We urge Congress to maintain SSBG funds for states to continue their efforts to prevent children from coming into care in the first place, and to find alternative solutions for parents to safely parent and nurture their children in their own homes.

Thank you for the opportunity to testify. I am happy to answer any questions you may have.